

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

42136

State File No. **10853**

No. 300 **FILED JAN 2 1951**

10-48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin			
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Hospital				d. STREET ADDRESS (If rural, give location) ---			
3. NAME OF DECEASED (Type or Print)		a. (First) Millard		b. (Middle) Eugene		c. (Last) Curtis	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		4. DATE OF DEATH (Month) (Day) (Year) Dec 19-1950	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Clerk		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.		8. DATE OF BIRTH Aug. 24, 1918		9. AGE (In years last birthday) 32	
11. BIRTHPLACE (State or foreign country) Paola, Kansas				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Bert Curtis		13b. MOTHER'S MAIDEN NAME Daisy Marsh		14. NAME OF HUSBAND OR WIFE nil ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maxine Mobley, Springfield, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Liver disease type not known ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fever - etiology not known. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION Nov-10-1950		19b. MAJOR FINDINGS OF OPERATION cirrhosis type ?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ?		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Hour) 12:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 583X			
22. I hereby certify that I attended the deceased from 21 Sept 1950 , to 18 Dec 1950 , that I last saw the deceased alive on 18 Dec 1950 , and that death occurred at 12:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE General W. Haller		(Degree or title) MD		23b. ADDRESS 4960 Lochner		23c. DATE SIGNED 19 Dec 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-19-50		24c. NAME OF CEMETERY OR CREMATORY Paola Cemetery		24d. LOCATION (City, town, or county) (State) Paola, Kansas	
DATE REC'D BY LOCAL REG. Dec 19 1950		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 8 1937

APR 1 1937

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.